

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ORIGINAL

(File Original and 3 copies)

Docket No.

00-0272

ICC Office Use Only

APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 58-2365508

American Phone Services Corp.

Address: Street 11285 Elkins Road, Suite L4

City Roswell, Georgia State/Zip 30076

2. Authority Requested: (Mark all that apply) 13-403 ☒ 13-404 13-405

3. Request for waivers/variances: In applications for exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting.

☒ 710 ☒ Part 735 Section 735.180 Other

4. In what area of the state does the Applicant propose to provide service?

Statewide.

5. Please attach a sheet designating contact persons to work with Staff on the following:

Attachment 1.

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address, if any.

7. Please check type of organization?

Individual ☒ Corporation

Partnership Date corporation was formed November 18, 2000

In what state? Georgia

Other (Specify) Limited Liability Company

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8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

Attachment 2.

9. List jurisdictions in which Applicant is offering service(s).

Attachment 3.

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

____ YES (Please provide details) X NO

11. Have there been any complaints against the Applicant in any other jurisdiction?

____ YES X NO

If YES, describe fully. _____

12. Will the Applicant keep its books and records in Illinois? ____ YES X NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

The Company requests permission under 83 Ill. Adm. Code Part 250 to keep all books and records in Georgia, and agrees to make these records available to the Commission upon requests.

MANAGERIAL

13. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms. **Attachment 4.**

14. List officers of Applicant.

Riccardo Ferranti, President

Giovanni Nobile, Secretary/Treasurer

15. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ____ YES X NO

If YES, list entity. _____

16. How will Applicant bill for its service(s)? The Company will use a billing agent (USBI).

17. How does Applicant propose to handle service, billing, and repair complaints?

Customer service issues will be handled by the Company's customer service personnel
who are available by dialing 1-800-711-1323 (toll free).

18. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ☐ NO

19. What telephone number(s) would a customer use to contact your company?

(770) 569-1213 or (800) 711-1323 (toll free)

20. What are your procedures to prevent unauthorized "slamming" of customers?

The Company will use written Letters of Authority (LOAs) or telemarketing with third party verification prior to switching.

21. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 756, 757, 770, and 772? **The Company is not requesting local exchange service authority.**

☐ YES ☐ NO (If no, please provide an explanation.)

22. Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation? ☒ YES ☐ NO

FINANCIAL

23. Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Attachment 5.

TECHNICAL

24. Does Applicant utilize its own equipment and/or facilities? ☐ YES ☒ NO

If YES, please list: _____

If NO, which facility provider(s)'s services does Applicant use?

Qwest Communications.

25. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, local service).

Long distance service. Proposed tariff attached as Attachment 6.

26. Will technical personnel be available at all times to assist customers with service problems?
 X YES NO

27. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? YES X NO

The Company will not provide payphone service.


(Signature of Applicant)

VERIFICATION

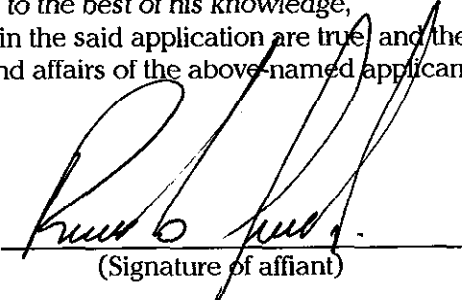
This application shall be verified under oath.

OATH

State of Georgia)
)ss
County of Gwinnett)

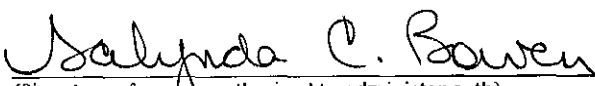
Riccardo Ferranti makes oath and says that he is President
(Insert Here the name of affiant) (Insert the official title of the affiant)
of American Phone Services Corp.
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.


(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/Salinda C. Bowen - Not
(Title of person authorized to administer oaths) Pubh

in the State and County above named, this 14th day of March 2000.


(Signature of person authorized to administer oath)

Notary Public-Gwinnett County, Georgia
My Commission Expires 1/9/2004